STD. 262 (REV 10/92) CLAIMANT'S NAME Tom Sheehy POSITION CB/ID NUMBER						SSAN OR EMPLOYEE NUMBER* DEPART On file State					e and Consumer Services Agency INDEX NUMBER				
On file CITY STATE ZIP CODE					915 Capitol Mall, Suite 200						STATE		on file ZIP CODE		
On file						Sacramento					CA	95814			
(5) (4) (5) Jan/Feb 10				MEALS	0.7.1.7	TRANSPORTATION (B) (C) ((B) (9		(9)				
DATE TIME		I OCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	FUNCH	O.T., L/T. N/C, RELO, OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED SC/PG	CARFARE, TOLLS, PARKING		TE CAR SE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
20-Jan		Sacramento to Rancho Cordova							рс		30			15.0	
21-Jan		Sacramento							рс		2	1.00		1.0	
		Sacramento to Oakand													
4-Feb	12:30	and return						}	рс	16.25	173	86.50		102.7	
]									77/11					
											27.0				
	SUBT	OTALS								16.25	205	102.50		118.75	
	COLU	IMN CODE (ACCTG. USE	ONLY)											Strategy of	
		/I TOTAL											\$118	3.75	
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 1/20 - Travel to Rancho Cordova - spoke at Executive Institute									3	(12) NORMAL WORK HOURS 8:30am to 5:30pm					
1/21 - Travel to Victims Compensation - attend Board Meeting										(13) PRIVATE VEHICLE LICENSE NUMBER					
2/4 - Travel to Oakland - Speaking at the CA Association of Community Managers)CACM)										On file					
on State of California (budget summary) and Green Building Codes										(14) MILEAGE RATE CLAIMED .50 Cents					
				•		***************************************			_		e unicanspillar	concerno seguesca	TING OFFICE		
											PAID RE	USE OF VOLVING FUN	NLY D CHECK NUMB	ER	
chicle was use:	d, and if mile	That the above is a true stelement of the travel expenses rates exceed the minimum rate, I certify that the one 0750, 0751, 0752, 0753, and 0754 pertaining to	cost of operating the v	ehicle was equa	t DPA rules in the il to or greater tha	service of the Sta in the rate chaime	ate of California. d, and that I hav	If a privately ow e met the require	med ments						
CLAIMANT'S SIGNATURE DATE						(18) SIGNATURE OF OFFICER APPROVING TRAV					MENT	D	ATE		
-	2/4/201											- 1			